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APPLICANTS

Frank E. Manning, Valley Center, CA;

Charles R. Peterson, Murrieta, CA;

Howard P. Graham, Temecula, CA;

OK mhh

** CONTINUING DATA *****

none mhh

** FOREIGN APPLICATIONS *****

none mhh

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Manning</i> Examiner's Signature	CA	5	25	2

ADDRESS

51294
 CRAWFORD MAUNU PLLC
 1270 NORTHLAND DRIVE
 SUITE 390
 ST. PAUL, MN
 55120

TITLE

Telescoping guide catheter with peel-away outer sheath

FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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